

Documents Related to Administrative Process Including Transcript of Oral Hearing, if applicable

Civil Action Number: 1:17-CV-02280

Claimant: Joseph S. Fedorchak

Account Number: 211-62-7882

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DATE: February 15, 2018

The documents and exhibits contained in this administrative record are the best copies obtainable.

Patient Name: FEDORCHAK,JOE
Patient Number:
Patient Identifier: 138421

Practice Name: Dr. Maria Aumick
Practice Address: 600 North Hunter
 (Route 309)
 Drums, PA 18222

THERMAL NARRATIVE

On 01/29/2015 at 02:54 PM a paraspinal thermal scan was performed on JOE FEDORCHAK to measure skin differences along the spine. Infrared sensors were used to compare temperatures at 25 paired anatomical points. The purpose of the test was to assess sympathetic nerve function. Alterations in skin temperature patterns are associated with aberrations in the function of the autonomic nervous system, which includes the sympathetic system. The autonomic nervous system controls the organs, glands, and blood vessels.

In the analysis of thermal differentials, we are concerned with two factors, symmetry and pattern. Symmetry refers to the difference in temperature between the left and right sides at the same spinal levels. Differences in temperature from side to side are maintained within strict limits in healthy persons.

Uematsu (1) et al of the Johns Hopkins Medical Institutions determined normal values for skin temperature differences based upon asymptomatic "normal" individuals. The results were published in the Journal of Neurosurgery. According to the study, "These values can be used as a standard in assessment of sympathetic nerve function, and the degree of asymmetry is a quantifiable indicator of dysfunction....Deviations from the normal values will allow suspicion of neurological pathology to be quantitated and therefore can improve assessment and lead to proper clinical management."

Temperature differences found in JOE FEDORCHAK's thermal scan were compared to these reference values. Mild, moderate, and severe asymmetries are identified by color. Temperature differences between one and two standard deviations indicate a mild asymmetry, two to three standard deviations a moderate asymmetry, while three or more indicate a severe asymmetry.

The results of this examination, taken in concert with the patient history and other clinical findings, were used in determining recommendations for the type, frequency, and duration of chiropractic care. Follow-up examinations will be performed, as needed, to evaluate JOE FEDORCHAK's response to the clinical services provided.

THERMAL SCAN RESULTS

Temperature differences two to three standard deviations above normal means were observed at:
 C3(R)
 This is indicative of a moderate asymmetry

Temperature differences three to four standard deviations above normal means were observed at:
 C1(R)
 This is indicative of a severe asymmetry

A repeat study to evaluate response to care should be performed at the next re-examination.

Clinical Necessity for Paraspinal Skin Temperature Study

Clinical examination of this patient suggests the presence of vertebral subluxation. In order to monitor the functioning of this patient's nervous system and to determine the existence or absence of abnormal neurological control of the heat dissipating function of the skin, an infrared, paraspinal skin study was performed.

A paraspinal skin temperature study can detect abnormal control of the heat regulating mechanism of the skin reflected as abnormal surface temperature differentials. This signals the presence of neurological interference secondary to vertebral subluxation.

The results of this procedure may be used to help localize the mechanical and/or physiological aspects of vertebral subluxation(s) and/or determine their presence or absence. The results of follow-up studies may be used as an outcome assessment to determine response to chiropractic care.

Subsequent thermal scans, as well as a discharge scan at the end of the care program, may be performed on an as needed basis in order to determine progress or lack thereof and to aid in determining maximum chiropractic health benefit.

(1) Uematsu S, Edwin DH, Jankel ER et al: Quantification of thermal asymmetry. J Neurosurg 69:552, 1988.

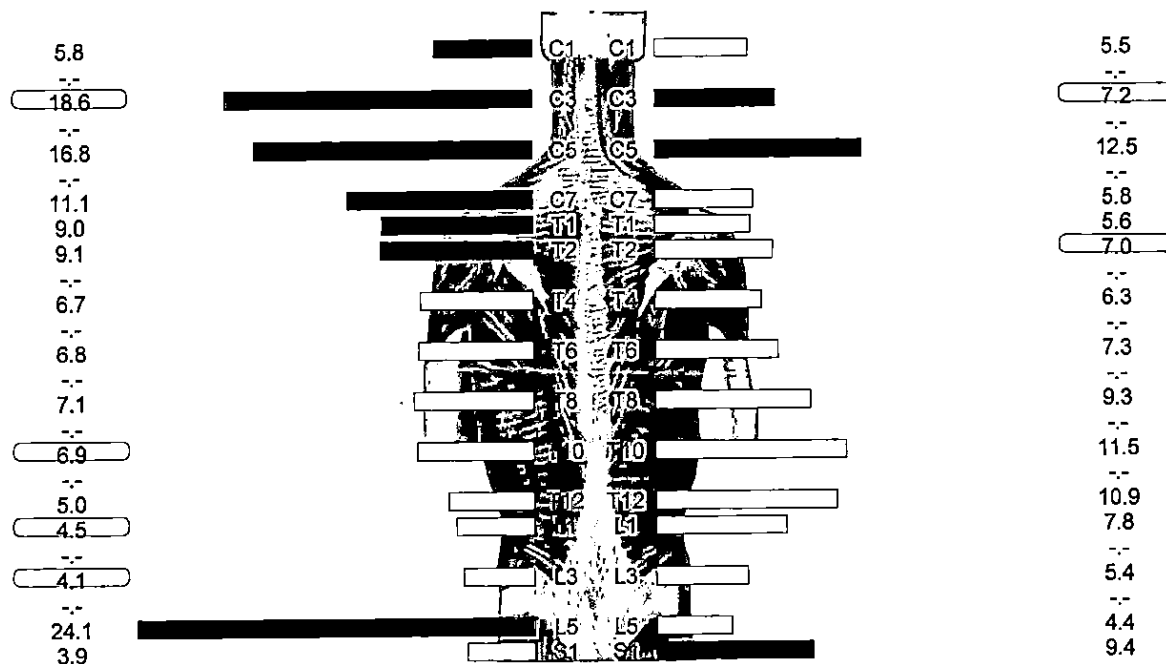
Patient Name: FEDORCHAK, JOE
 Patient Number:
 Patient Identifier: 138421

Practice Name: Dr. Maria Aumick
 Practice Address: 600 North Hunter
 (Route 309)
 Drums, PA 18222

Static EMG Scan EMG Amplitude on (01/29/2015 02:59 PM)

25 uV Scale Position: Seated Action: Neutral

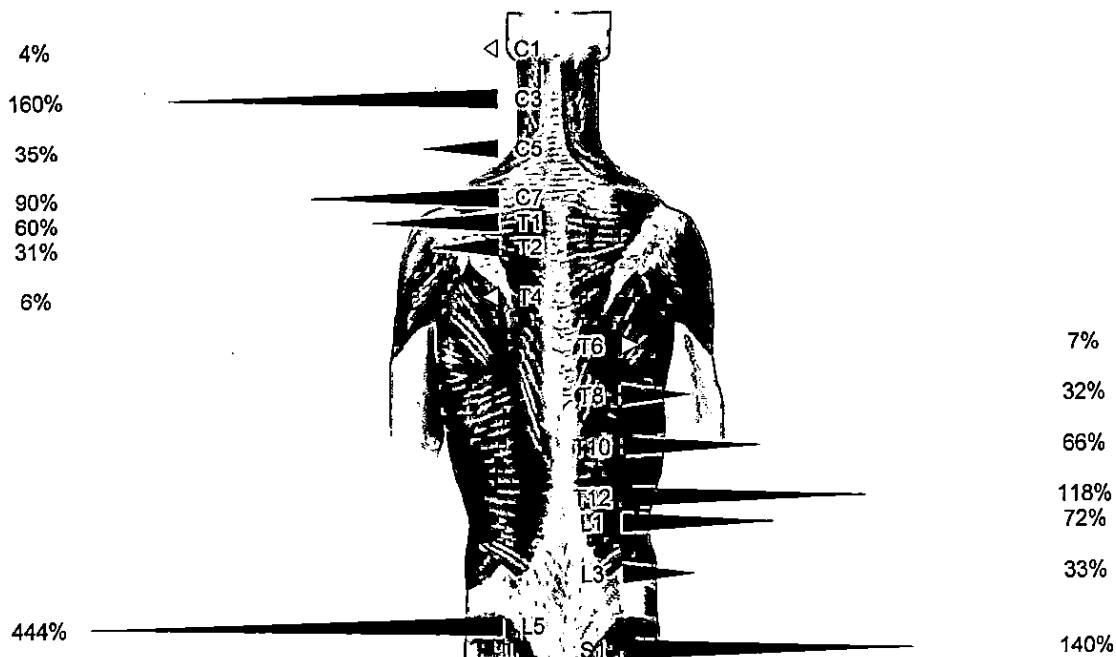
+1 +2 +3



Static EMG Scan Asymmetry on (01/29/2015 02:59 PM)

200 % Position: Seated Action: Neutral

Mild Mod. Severe



Patient Name: FEDORCHAK,JOE**Practice Name:****Dr. Maria Aumick****Patient Number:****Practice Address:****600 North Hunter****Patient Identifier: 138421****(Route 309)****Drums, PA 18222**

STATIC EMG INTERPRETATION NARRATIVE

On 01/29/2015 at 02:59 PM a paraspinal surface electromyographic scan (sEMG) study was performed on JOE FEDORCHAK to measure differences in muscle tension along the spine. Paired electrode sets were used to compare muscle tension at 15 left-right pairs of anatomical points. Standardized protocols and normative data were utilized. The purpose of the test was to assess paraspinal muscle activity.

Paraspinal sEMG scans, taken in concert with other examination findings, may be helpful in determining the following:

1. Asymmetrical contraction
2. Areas of muscle splinting
3. Severity of the condition
4. Aberrant recruitment pattern
5. Responses to dysafferentation
6. Responses to chiropractic adjustment
7. Dysponesis - Dysponesis refers to a reversible physiopathologic state consisting of errors in energy expenditure, which can produce functional disorders. Dysponesis consists mainly of covert errors in action potential output from the motor and premotor areas of the cortex, and the consequences of that output.

In the sEMG scan, sEMG signals were measured in microvolts (millionths of a volt), by an instrument with a frequency band of 25-500 Hz. The computer program analyzes the measurements and compared them to a normative database. sEMG scans are interpreted in several ways:

1. Amplitude. This refers to the signal level in microvolts. The higher the signal level, the greater the paraspinal muscle activity. By comparing these readings to a normative database, elevated or decreased signals can be identified.
2. Symmetry. This refers to a comparison of the left-to-right amplitudes at each spinal level.
3. Median Frequency. The Insight Millennium's Enhanced Emg frequency analysis system evaluates the frequency of the EMG signal. At each level, the median frequency in Herz is recorded.

The sEMG amplitude signals of the patient were compared to published reference values⁽¹⁾ with mild, moderate and severe elevations of muscle tension identified by color. Differences between one and two standard deviations indicate mild tension, two to three standard deviations indicate moderate tension, while three or more indicate severe tension.

In addition to the comparison with reference values, the amount of asymmetrical muscle activity was calculated, with mild, moderate, and severe asymmetries identified by color. Differences between one and two standard deviations indicate mild asymmetry, two to three standard deviations represent moderate asymmetry, while three or more indicate severe asymmetry.

STATIC SEMG RESULTS

Readings one or more standard deviations below normal means were observed at:

T12(L), L1(L)

This is indicative of reduced muscle tension.

Readings up to one standard deviation above normal means were observed at:

C1(R), C7(R), T1(R), T2(R), T4(L), T4(R), T6(L), T6(R), T8(L), T8(R), T10(L), T10(R), T12(R), L1(R), L3(L), L3(R), L5(R), S1(L)

This is indicative of normal muscle tension.

Readings one to two standard deviations above normal means were observed at:

C1(L), C3(R), T1(L), T2(L), S1(R)

This is indicative of a mild elevation of muscle tension.

Readings more than three standard deviations above normal means were observed at:

C3(L), C5(L), C5(R), C7(L), L5(L)

This is indicative of a severe elevation of muscle tension.

EMG signal median frequencies beyond normal range were noted at the following sites:

C3(L), C3(R), T2(R), T10(L), L1(L), L3(L)

Areas of significant asymmetry were noted at the following sites:

C3(L), C7(L), T1(L), T10(R), T12(R), L1(R), L5(L), S1(R)

FOLLOW-UP PLAN

The results of this examination, taken in concert with the patient history and other clinical findings, were used in determining recommendations for the type, frequency, and duration of chiropractic care. Follow-up examinations will be performed, as needed, to evaluate JOE FEDORCHAK's response to the clinical services provided.

CLINICAL NECESSITY DETERMINATION

Determination of clinical necessity for this test was based upon the patient's history and physical examination findings. These findings suggest abnormal paraspinal muscle activity. A paraspinal surface EMG was performed for further characterization of the condition. The criteria used are those described by Gentempo and Kent in their paper 'Establishing Medical Necessity for Paraspinal EMG Scanning.' This paper was published in the JOURNAL OF CHIROPRACTIC RESEARCH AND CLINICAL INVESTIGATION, Volume 3, Number 1. This is a refereed, peer-reviewed journal.

ELECTRODIAGNOSIS WITH CLA EMG EQUIPMENT

CLA EMG instruments are computerized surface electrode paraspinal electromyographs manufactured by the Chiropractic Leadership Alliance. The instrument measures the electric potentials produced by muscles surrounding the spine. The special value of this technique is that it provides objective evidence in place of the subjective signs afforded by the other methods of observation. The information provided by this test is valuable for diagnosis, prognosis, and patient monitoring.

This technique is completely non-invasive. Electrodes are placed on the skin overlying the spine at 15 or 25 specific sites. The EMG signals of the patient being examined are compared to a normative database. The doctor is then able to determine the location and extent of abnormal paraspinal muscle function.

Surface electrode paraspinal electromyography is well supported in medical, chiropractic, and scientific literature. The technique is taught and researched under the aegis of several accredited chiropractic colleges. No needles are employed. Because the technique is non-invasive, it is within the scope of chiropractic.

Clinical necessity for the test is determined by traditional examination techniques. Palpable spasm, asymmetrical muscle function, altered ranges of motion, and evidence of instability or wasting are examples of clinical indications for the test.

The initial EMG study helps provide diagnostic information and aids in the design of appropriate treatment procedures. Re-evaluations monitor patient response to care, dictate changes in care or frequency of scheduling, and helps determine when the patient has reached 'maximal improvement.' It enables the clinician to provide objective 'hard copy' documentation of soft tissue injury. It is also a useful technique in detecting possible malingering.

1. Kent C, Gentempo P: Normative data for paraspinal surface electromyographic scanning using a 25-500 Hz bandpass. Vertebral Subluxation Research 1996;1(1):43.



Nationwide

Joseph Fedorchak

Page 1 of 1

Date prepared July 11, 2016
Claim number 283947-GC
Policy number 5837E 836449
Questions? Contact Claims Associate
Caroline Potter
POTTEC5@nationwide.com
Phone 717-526-3356
Fax 877-590-8188

Joseph Fedorchak
22 EDGE ROCK DR
DRUMS, PA 18222-1001

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what's important**

Get a free *On Your Side* review
An *On Your Side* review can
help you learn how to save
money, manage your
deductibles and determine the
insurance options that are right
for your needs, goals and
budget. Contact your agent to
arrange your review.

Dear Mr. Fedorchak,

Thank you for choosing Nationwide Property & Casualty Insurance Company. We appreciate your business and your continued confidence in our ability to help protect what's important to you. We hope the customer service you received during your recent claim exceeded your expectations. You'll be receiving a survey by email soon. We appreciate you taking the time to complete the survey. Your feedback is important to us.

Claim details

Insurer: Nationwide Property & Casualty Insurance Company
Policyholder: Joseph Fedorchak
Claimant: Joseph Fedorchak
Claim number: 283947-GC
Loss date: October 21, 2015

You can always count on us to be there

We want to continue meeting your insurance needs. If you have any questions or concerns about your claim, please contact me at 717-526-3356 or POTTEC5@nationwide.com.

Sincerely,

Caroline Potter
Nationwide Property & Casualty Insurance Company
P.O. Box 26005
Daphne, AL 36526-5005

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

13518005217014





NW2558007-EOBID-db

EXPLANATION OF REVIEW

Patient

Pennsylvania

Receive Date : 05/18/2016
 Service Provider : CARMAN, BRIAN
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 12/23/2015 to 05/11/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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 877.444.8763

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Page 1 of 5

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Claim Number --	283947-GC	Total Charges --	\$ 295.00	NW2558007- EOBID -db
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 105.59	Patient
Service Provider --	CARMAN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	12/23/2015 - 05/11/2016	

1	12/23/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	0.00	DUP
ICD Ref	3,4,5,6								
2	12/23/15	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	0.00	DUP
ICD Ref	1,2								
3	12/23/15	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	0.00	DUP
ICD Ref	7								
4	5/11/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	60.00	0.00	44.11	FS_PA
ICD Ref	3,4,5,6								
5	5/11/16	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	40.00	0.00	31.96	FS_PA
ICD Ref	1,2								
6	5/11/16	98943		Chiropractic manipltv tx extraspinal 1/> region	1	75.00	0.00	29.52	FS_PA
ICD Ref	7								
Total Lines :						295.00	0.00	105.59	

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Claim Number --	283947-GC	Total Charges --	\$ 295.00	NW2558007- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	12/23/2015 - 05/11/2016	

Reimbursement Amount :	105.59
Apportionment % :	
Subtotal :	105.59
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	105.59
Allocated PIP Payment :	105.59
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
DUP	Duplicate (Line: 1)	NW2339361	1
DUP	Duplicate (Line: 2)	NW2339361	2
DUP	Duplicate (Line: 3)	NW2339361	3
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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877.444.8763

Claim Number --	283947-GC	Total Charges --	\$ 295.00	NW2558007-EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	12/23/2015 - 05/11/2016	

Comments :No comments

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Claim Number --	283947-GC	Total Charges --	\$ 295.00	NW2558007- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	12/23/2015 - 05/11/2016	

"If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with AUTOMOBILE INSURANCE MEDICAL COST CONTAINMENT, PROVIDER BILLING act, 31 Pa. Code Sections 69.21 – 69.26. Warning: Pursuant to 18 PA. C.S.A. section 4117(k)(1): "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." APPEAL PROCESS: Please submit the following to the address listed below: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement, 3. A copy of all supporting medical documentation concerning this appeal."

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NW2578022- EOBID -db

EXPLANATION OF REVIEW

Patient

Pennsylvania

Receive Date : 05/31/2016
 Service Provider : CARMAN, BRAIN
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 05/25/2016 to 05/25/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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Page 1 of 4

Claim Number --	283947-GC	Total Charges --	\$ 175.00	NW2578022- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRAIN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	05/25/2016 - 05/25/2016	

1	5/25/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	60.00	0.00	44.11	FS_PA
ICD Ref	3,4,5,6								
2	5/25/16	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	40.00	0.00	31.96	FS_PA
ICD Ref	1,2								
3	5/25/16	98943		Chiropractic manipltv tx extraspinal 1/> region	1	75.00	0.00	29.52	FS_PA
ICD Ref	7								
Total Lines :	3					175.00	0.00	105.59	

Reimbursement Amount :	105.59
Apportionment % :	
Subtotal :	105.59
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	105.59
Allocated PIP Payment :	105.59
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

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63

Page 2 of 4

Claim Number --	283947-GC	Total Charges --	\$ 175.00	NW2578022- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRAIN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	05/25/2016 - 05/25/2016	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments :No comments

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PO BOX 26005, DAPHNE, AL 36526
877.444.8763

Claim Number --	283947-GC	Total Charges --	\$ 175.00	NW2578022- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRAIN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	05/25/2016 - 05/25/2016	

"If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with AUTOMOBILE INSURANCE MEDICAL COST CONTAINMENT, PROVIDER BILLING act, 31 Pa. Code Sections 69.21 – 69.26. Warning: Pursuant to 18 PA. C.S.A. section 4117(k)(1): "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." APPEAL PROCESS: Please submit the following to the address listed below: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement, 3. A copy of all supporting medical documentation concerning this appeal."

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877.444.8763





NW2505935- EOBID -db

EXPLANATION OF REVIEW

Patient

Pennsylvania

Receive Date : 04/18/2016
 Service Provider : CARMAN, BRIAN
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3P1
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 04/13/2016 to 04/13/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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26-Apr-2016 2:16 pm

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Claim Number --	283947-GC	Total Charges --	\$ 175.00	NW2505935- EOBID -db
				Patient
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 105.59	
Service Provider --	CARMAN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	04/13/2016 - 04/13/2016	

1	4/13/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	60.00	0.00	44.11	FS_PA
ICD Ref	3,4,5,6								
2	4/13/16	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	40.00	0.00	31.96	FS_PA
ICD Ref	1,2								
3	4/13/16	98943		Chiropractic manipltv tx extraspinal 1/> region	1	75.00	0.00	29.52	FS_PA
ICD Ref	7								
Total Lines :						3	175.00	0.00	105.59

Reimbursement Amount :	105.59
Apportionment % :	
Subtotal :	105.59
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	105.59
Allocated PIP Payment :	105.59
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 175.00	NW2505935- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	04/13/2016 - 04/13/2016	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.
If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 175.00	NW2505935- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 105.59	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	04/13/2016 - 04/13/2016	

"If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with AUTOMOBILE INSURANCE MEDICAL COST CONTAINMENT, PROVIDER BILLING act, 31 Pa. Code Sections 69.21 – 69.26. Warning: Pursuant to 18 PA. C.S.A. section 4117(k)(1): "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." APPEAL PROCESS: Please submit the following to the address listed below: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement, 3. A copy of all supporting medical documentation concerning this appeal."

If you have any questions regarding payment, please contact your insurance carrier.

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NW2490673-EOBID-db

EXPLANATION OF REVIEW

Patient

Pennsylvania

Receive Date : 04/08/2016
 Service Provider : CARMAN, BRIAN
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 03/30/2016 to 03/30/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M54.5		ICD-0	Low back pain
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.07		ICD-0	Seg somatic dysf upper extremity
5	M82.40		ICD-0	Contracture of muscle uns site
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.02		ICD-0	Seg somatic dysf thoracic region

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2490673-EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	03/30/2016 - 03/30/2016	

1	3/30/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.11	FS_PA
ICD Ref	3,4,5,6								
2	3/30/16	97140	59	Manual therapy tps 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	3/30/16	98943		Chiropractic maniply tx extraspinal 1/> region	1	40.00	0.00	29.52	FS_PA
ICD Ref	7								
Total Lines :						120.00	0.00	103.63	

Reimbursement Amount :	103.63
Apportionment % :	
Subtotal :	103.63
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	103.63
Allocated PIP Payment :	103.63
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Nationwide®

Joseph Fedorchak

Page 1 of 2

Date prepared April 21, 2016
Claim number 329651-GB
Policy number 5837E 836449
Questions? Contact Claims Associate

POTTEC5@nationwide.com
Phone 717-526-3356
Fax 877-590-8188

Joseph Fedorchak
22 Edge Rock Drive
Drums, PA 18222-1001

Claim details

Insurer: Nationwide Property & Casualty Insurance Company
Policyholder: Joseph Fedorchak
Claimant: Joseph Fedorchak
Claim number: 329651-GB
Loss date: January 26, 2015

Dear Mr. Fedorchak,

Per our conversation this morning, we will be unable to pay for the cost of the 4/12/16 extraction of tooth #17.

Our review showed that Dr. Linda Shen of Shen Smiles, PC., who referred you to Aspen Dental for the extraction of tooth #17, provided documentation to us stating that she is unable to make a determination as to whether the damage to tooth #17 occurred during the accident of 1/26/15. A copy of her documentation is enclosed for your review. As Dr. Shen is unable to make a determination regarding causal relationship, we are denying the payment of the extraction of tooth #17 as unrelated to the accident of 1/26/15. Furthermore, you did not complain of the tooth to us until April 7, 2016 and therefore we have no documentation from you that the tooth was damaged at the time of the accident.

For more information

If you have any questions or concerns, please contact me at 717-526-3356 or POTTEC5@nationwide.com.

Sincerely,

Caroline A. Potter
Claims Specialist I

Nationwide Property & Casualty Insurance Company
P.O. Box 26005
Daphne, AL 36526-5005
P.O. Box 26005
Daphne, AL 36526-5005

Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2490673-EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	03/30/2016 - 03/30/2016	

Modifier Code Summary

MODIFIER CODE

Description

59

Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2490673-EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	03/30/2016 - 03/30/2016	

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Joseph Fedorchak

Claim # 329651-GB

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Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.



NW2462933- EOBID -db

EXPLANATION OF REVIEW

Patient

217 524-3354

Pennsylvania

Receive Date : 03/21/2016
 Service Provider : CARMAN, BRIAN
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC

Adjuster : pottec5 - Caroline Potter

Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI

Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 03/02/2016 to 03/15/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION					
1	M54.2		ICD-0	Cervicalgia					
2	M54.5		ICD-0	Low back pain					
3	M54.6		ICD-0	Pain in thoracic spine					
4	M90.07		ICD-0	Seg somatic dysf upper extremity					
5	M62.40		ICD-0	Contracture of muscle uns site					
6	M99.04		ICD-0	Seg somatic dysf sacral region					
7	M99.02		ICD-0	Seg somatic dysf thoracic region					

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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29-Mar-2016 12:23 pm

Claim Number --	283947-GC	Total Charges --	\$ 240.00	NW2462933- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 207.26	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	03/02/2016 - 03/15/2016	

1	3/02/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.11	FS_PA
ICD Ref 3,4,5,6									
2	3/02/16	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref 1,2									
3	3/02/16	98943		Chiropractic maniply tx extraspinal 1/> region	1	40.00	0.00	29.52	FS_PA
ICD Ref 7									
4	3/15/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.11	FS_PA
ICD Ref 3,4,5,6									
5	3/15/16	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref 1,2									
6	3/15/16	98943		Chiropractic maniply tx extraspinal 1/> region	1	40.00	0.00	29.52	FS_PA
ICD Ref 7									
Total Lines :						240.00	0.00	207.26	

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Printed On --

29-Mar-2016 12:23 pm

Claim Number --	283947-GC	Total Charges --	\$ 240.00	NW2462933- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 207.26	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	03/02/2016 - 03/15/2016	

Reimbursement Amount :	207.26
Apportionment % :	
Subtotal :	207.26
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	207.26
Allocated PIP Payment :	207.26
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		
<u>Modifier Code Summary</u>			
MODIFIER CODE	Description		
59	Distinct Procedural Service		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 240.00	NW2462933- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 207.26	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	03/02/2016 - 03/15/2016	

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 240.00	NW2462933- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 207.26	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	03/02/2016 - 03/15/2016	

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NW2417864- EOBID -db

EXPLANATION OF REVIEW

Patient

Pennsylvania

Receive Date : 02/22/2016
Service Provider : CARMAN, BRIAN
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
Adjuster : pottec5 - Caroline Potter
Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
Provider Specialty :

Patient Account # : 766C3PI
Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 02/17/2016 to 02/17/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.5		ICD-0	Low back pain
4	M99.04		ICD-0	Seg somatic dysf sacral region
5	M54.6		ICD-0	Pain in thoracic spine
6	M99.02		ICD-0	Seg somatic dysf thoracic region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2417864- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	02/17/2016 - 02/17/2016	

1	2/17/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.11	FS_PA
ICD Ref	3,4,5,6								
2	2/17/16	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	2/17/16	98943		Chiropractic maniply tx extraspinal 1/> region	1	40.00	0.00	29.52	FS_PA
ICD Ref	7								
Total Lines :		3				120.00	0.00	103.63	

Reimbursement Amount :	103.63
Apportionment % :	
Subtotal :	103.63
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	103.63
Allocated PIP Payment :	103.63
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Printed On --

24-Feb-2016 12:45 pm

Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2417864- EOBID -db
				Patient
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 103.63	
Service Provider --	CARMAN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	02/17/2016 - 02/17/2016	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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24-Feb-2016 12:45 pm

Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2417864- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	02/17/2016 - 02/17/2016	

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Printed On --

24-Feb-2016 12:45 pm



NW2399252- EOBID -db

EXPLANATION OF REVIEW

Patient

Pennsylvania

Receive Date : 02/09/2016
 Service Provider : CARMAN, BRIAN
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417

600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 02/03/2016 to 02/03/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M54.5		ICD-0	Low back pain
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.07		ICD-0	Seg somatic dysf upper extremity
5	M62.40		ICD-0	Contracture of muscle uns site
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.02		ICD-0	Seg somatic dysf thoracic region

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2399252- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	02/03/2016 - 02/03/2016	

1	2/03/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.11	FS_PA
ICD Ref	3,4,5,6								
2	2/03/16	97140	59	Manual therapy tps 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	2/03/16	98943		Chiropractic manipultv tx extraspinal 1/> region	1	40.00	0.00	29.52	FS_PA
ICD Ref	7								
Total Lines :	3					120.00	0.00	103.63	

Reimbursement Amount :	103.63
Apportionment % :	
Subtotal :	103.63
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	103.63
Allocated PIP Payment :	103.63
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2399252- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	02/03/2016 - 02/03/2016	

Modifier Code Summary

MODIFIER CODE

Description

59

Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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877.444.8763

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2399252- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.63	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	02/03/2016 - 02/03/2016	

"If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with AUTOMOBILE INSURANCE MEDICAL COST CONTAINMENT, PROVIDER BILLING act, 31 Pa. Code Sections 69.21 – 69.26. Warning: Pursuant to 18 Pa. C.S. §4117(k)(1), "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." APPEAL PROCESS: Please submit the following to the address listed below: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement, 3. A copy of all supporting medical documentation concerning this appeal."

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NW2376144- EOBID -db

EXPLANATION OF REVIEW

On Your Side®

Pennsylvania

Patient

Receive Date : 01/26/2016
 Service Provider : CARMAN, BRIAN
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 01/20/2016 to 01/20/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
 877.444.8763

Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2376144- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.68	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	01/20/2016 - 01/20/2016	

1	1/20/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.13	FS_PA
ICD Ref	3,4,5,6								
2	1/20/16	97140	59	Manual therapy tps 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	1/20/16	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	29.55	FS_PA
ICD Ref	7								
Total Lines :						120.00	0.00	103.68	

Reimbursement Amount :	103.68
Apportionment % :	
Subtotal :	103.68
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	103.68
Allocated PIP Payment :	103.68
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2376144- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.68	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	01/20/2016 - 01/20/2016	

Modifier Code Summary

MODIFIER CODE

Description

59

Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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02-Feb-2016 12:23 pm

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2376144- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.68	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	01/20/2016 - 01/20/2016	

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Feb-2016 12:23 pm



NW2360746- EOBID -db

EXPLANATION OF REVIEW

On Your Side*
Pennsylvania

Patient

Receive Date : 01/16/2016
Service Provider : CARMAN, BRIAN
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Claim Number : 283947-GC
Adjuster : pottec5 - Caroline Potter
Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
22 EDGE ROCK DR
DRUMS PA 18222

Provider Title : Chiropractor
Provider Specialty :

Patient Account # : 766C3PI
Carrier : NATIONWIDE PROPERTY & CASUALTY
INSURANCE COMPANY
PO BOX 26005
DAPHNE AL 36526

Dates Of Service : 01/06/2016 to 01/06/2016

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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27-Jan-2016 10:53 am

Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2360746-EOBID -db
				Patient
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 103.68	
Service Provider --	CARMAN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	01/06/2016 - 01/06/2016	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2360746- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.68	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	01/06/2016 - 01/06/2016	

1	1/06/16	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.13	FS_PA
ICD Ref	3,4,5,6								
2	1/06/16	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	1/06/16	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	29.55	FS_PA
ICD Ref	7								
Total Lines :		3				120.00	0.00	103.68	

Reimbursement Amount :	103.68
Apportionment % :	
Subtotal :	103.68
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	103.68
Allocated PIP Payment :	103.68
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2360746-EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.68	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	01/06/2016 - 01/06/2016	

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Pennsylvania

EXPLANATION OF REVIEW

Patient

Receive Date : 11/23/2015
 Service Provider : CARMEN, BRIAN
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 11/17/2015 to 11/17/2015

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
 877.444.8763

Claim Number --	283947-GC	Total Charges --	\$ 120.00	ND0040174- EOBID -PO
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 0.00	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	11/17/2015 - 11/17/2015	

1	11/17/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	0.00	RL90
ICD Ref	3,4,5,6								
2	11/17/15	97140	59	Manual therapy lqs 1/> regions each 15 minutes	1	30.00	0.00	0.00	RL90
ICD Ref	1,2								
3	11/17/15	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	0.00	RL90
ICD Ref	7								
Total Lines :						3	120.00	0.00	0.00

Reimbursement Amount :	0.00
Apportionment % :	
Subtotal :	0.00
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	0.00
Allocated PIP Payment :	0.00
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
RL90	The treatment provided was not related to this accident. Services not related to this accident are not reimbursable.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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877.444.8763



Claim Number --	283947-GC	Total Charges --	\$ 120.00	ND0040174-EOBID-PO
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 0.00	Patient
Service Provider --	CARMEN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	11/17/2015 - 11/17/2015	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments : MVA must be mentioned in narrative of report

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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	ND0040174- EOBID -PO
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 0.00	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	11/17/2015 - 11/17/2015	

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ND0040175- EOBID -PO

EXPLANATION OF REVIEW

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Patient

Pennsylvania

Receive Date : 12/07/2015
 Service Provider : CARMEN, BRIAN
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 11/25/2015 to 11/25/2015

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC . CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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 877.444.8763

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06-Jan-2016 1:55 pm

Claim Number --	283947-GC	Total Charges --	\$ 120.00	ND0040175- EOBID -PO
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 0.00	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	11/25/2015 - 11/25/2015	

1	11/25/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	0.00	RL90
ICD Ref 3,4,5,6									
2	11/25/15	97140	59	Manual therapy tqrs 1/> regions each 15 minutes	1	30.00	0.00	0.00	RL90
ICD Ref 1,2									
3	11/25/15	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	0.00	RL90
ICD Ref 7									
Total Lines :						120.00	0.00	0.00	

Reimbursement Amount :	0.00
Apportionment % :	
Subtotal :	0.00
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	0.00
Allocated PIP Payment :	0.00
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
RL90	The treatment provided was not related to this accident. Services not related to this accident are not reimbursable.		

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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	ND0040175-EOBID -PO
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 0.00	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	11/25/2015 - 11/25/2015	

Modifier Code Summary

MODIFIER CODE

Description

59

Distinct Procedural Service

Comments :MVA must be mentioned in the narrative of the report

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877.444.8763

Printed On --

06-Jan-2016 1:55 pm

Claim Number --	283947-GC	Total Charges --	\$ 120.00	ND0040175- EOBID -PO
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 0.00	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	11/25/2015 - 11/25/2015	

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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
877.444.8763





NW2339361-EOBID-PO

EXPLANATION OF REVIEW

On Your Side®
Pennsylvania

Patient

Receive Date : 01/02/2016
Service Provider : CARMAN, BRIAN
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Claim Number : 283947-GC
Adjuster : pottec5 - Caroline Potter
Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
22 EDGE ROCK DR
DRUMS PA 18222

Provider Title : Chiropractor
Provider Specialty :

Patient Account # : 766C3PI
Carrier : NATIONWIDE PROPERTY & CASUALTY
INSURANCE COMPANY
PO BOX 26005
DAPHNE AL 36526

Dates Of Service : 12/23/2015 to 12/23/2015

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M56.4		ICD-0	Invalid Code
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
877.444.8763

Printed On -

06-Jan-2016 1:46 pm

Claim Number —	283947-GC	Total Charges —	\$ 120.00	NW2339361- EOBID -PO
Billing Provider —	WHOLE LIFE CENTER			Patient
Service Provider —	CARMAN, BRIAN	Total Reimbursement —	\$ 0.00	
Patient Name —	FEDORCHAK, JOSEPH S	Dates Of Service —	12/23/2015 - 12/23/2015	

1	12/23/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	0.00	RL90
ICD Ref	3,4,5,6								
2	12/23/15	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	0.00	RL90
ICD Ref	1,2								
3	12/23/15	98943		Chiropractic maniply tx extraspinal 1/> region	1	40.00	0.00	0.00	RL90
ICD Ref	7								
Total Lines :						120.00	0.00	0.00	

Reimbursement Amount :	0.00
Apportionment % :	
Subtotal :	0.00
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	0.00
Allocated PIP Payment :	0.00
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
RL90	The treatment provided was not related to this accident. Services not related to this accident are not reimbursable.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review; please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
877.444.8763



Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2339361-EOBID-PO
				Patient
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 0.00	
Service Provider --	CARMAN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	12/23/2015 - 12/23/2015	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments : MVA must be mentioned in narrative of reports

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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877.444.8763

Claim Number --	283947-GC	Total Charges --	\$ 120.00	NW2339361- EOBID -PO
				Patient
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 0.00	
Service Provider --	CARMAN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	12/23/2015 - 12/23/2015	

"If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with AUTOMOBILE INSURANCE MEDICAL COST CONTAINMENT, PROVIDER BILLING act, 31 Pa. Code Sections 69.21 – 69.26. Warning: Pursuant to 18 Pa. C.S. §4117(k)(1), "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." APPEAL PROCESS: Please submit the following to the address listed below: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement, 3. A copy of all supporting medical documentation concerning this appeal."

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Pennsylvania

EXPLANATION OF REVIEW

Patient

NM2332890-EOBID-PO

Receive Date : 12/15/2015
 Service Provider : CARMEN, BRIAN
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Claim Number : 283947-GC
 Adjuster : pottec5 - Caroline Potter
 Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
 20-5008417
 600 N HUNTER HWY
 DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
 22 EDGE ROCK DR
 DRUMS PA 18222

Provider Title : Chiropractor
 Provider Specialty :

Patient Account # : 766C3PI
 Carrier : NATIONWIDE PROPERTY & CASUALTY
 INSURANCE COMPANY
 PO BOX 26005
 DAPHNE AL 36526

Dates Of Service : 12/09/2015 to 12/09/2015

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
 877.444.8763

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Claim Number —	283947-GC	Total Charges —	\$ 120.00	NM2332890- EOBID -PO
Billing Provider —	WHOLE LIFE CENTER			Patient
Service Provider —	CARMEN, BRIAN	Total Reimbursement —	\$ 0.00	
Patient Name —	FEDORCHAK, JOSEPH S	Dates Of Service —	12/09/2015 - 12/09/2015	

1	12/09/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	0.00	RL90
ICD Ref 3,4,5,6									
2	12/09/15	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	0.00	RL90
ICD Ref 1,2									
3	12/09/15	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	0.00	RL90
ICD Ref 7									
Total Lines :						120.00	0.00	0.00	

Reimbursement Amount :	0.00
Apportionment % :	
Subtotal :	0.00
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	0.00
Allocated PIP Payment :	0.00
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
RL90	The treatment provided was not related to this accident. Services not related to this accident are not reimbursable.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	283947-GC	Total Charges --	\$ 120.00	NM2332890- EOBID -PO
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 0.00	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	12/09/2015 - 12/09/2015	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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06-Jan-2016 1:45 pm

Claim Number -	283947-GC	Total Charges -	\$ 120.00	NM2332890-EOBID-PO
Billing Provider -	WHOLE LIFE CENTER			Patient
Service Provider -	CARMEN, BRIAN	Total Reimbursement -	\$ 0.00	
Patient Name -	FEDORCHAK, JOSEPH S	Dates Of Service -	12/09/2015 - 12/09/2015	

"If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with AUTOMOBILE INSURANCE MEDICAL COST CONTAINMENT, PROVIDER BILLING act, 31 Pa. Code Sections 69.21 – 69.26. Warning: Pursuant to 18 Pa. C.S. §4117(k)(1), "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." APPEAL PROCESS: Please submit the following to the address listed below: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement, 3. A copy of all supporting medical documentation concerning this appeal."

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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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NW2302600-EOBID-db

EXPLANATION OF REVIEW

On Your Side®
Pennsylvania

Patient

Receive Date : 12/07/2015
Service Provider : CARMEN, BRIAN
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Claim Number : 268746-GC
Adjuster : amarakt1 - Tatum Amaraksha
Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH
22 EDGE ROCK DR.
DRUMS PA 18222

Provider Title : Chiropractor
Provider Specialty :

Patient Account # : 766C3PI
Carrier : NATIONWIDE MUTUAL INSURANCE
COMPANY
PO BOX 26005
DAPHNE AL 36526

Dates Of Service : 11/25/2015 to 11/25/2015

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
877.444.8763

Claim Number --	268746-GC	Total Charges --	\$ 120.00	NW2302600-EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 103.89	
Patient Name --	FEDORCHAK, JOSEPH	Dates Of Service --	11/25/2015 - 11/25/2015	

1	11/25/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.26	FS_PA
ICD Ref	3,4,5,6								
2	11/25/15	97140	59	Manual therapy tps 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	11/25/15	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	29.63	FS_PA
ICD Ref	7								
Total Lines :						120.00	0.00	103.89	

Reimbursement Amount :	103.89
Apportionment % :	
Subtotal :	103.89
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	103.89
Allocated PIP Payment :	103.89
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	268746-GC	Total Charges --	\$ 120.00	NW2302600- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMEN, BRIAN	Total Reimbursement --	\$ 103.89	
Patient Name --	FEDORCHAK, JOSEPH	Dates Of Service --	11/25/2015 - 11/25/2015	

Modifier Code Summary

MODIFIER CODE	Description
59	Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
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Claim Number --	268746-GC	Total Charges --	\$ 120.00	NW2302600- EOBID -db
				Patient
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 103.89	
Service Provider --	CARMEN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH	Dates Of Service --	11/25/2015 - 11/25/2015	

"If payment is due, check will be mailed under separate cover. Cashing this check will not forfeit your appeal rights. The amount shown should be considered full payment for service dates indicated, unless additional information is requested. The submitted claim, resulting in this explanation of review, reimbursement or benefit, was processed in accordance with AUTOMOBILE INSURANCE MEDICAL COST CONTAINMENT, PROVIDER BILLING act, 31 Pa. Code Sections 69.21 – 69.26. Warning: Pursuant to 18 Pa. C.S. §4117(k)(1), "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties." APPEAL PROCESS: Please submit the following to the address listed below: 1. A copy of this Explanation of Reimbursement , 2. The reasons that you disagree with the reimbursement, 3. A copy of all supporting medical documentation concerning this appeal."

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If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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NW2280748-EOBID-db

EXPLANATION OF REVIEW

On Your Side®
Pennsylvania

Patient

Receive Date : 11/23/2015
Service Provider : CARMAN, BRIAN
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Claim Number : 268746-GC
Adjuster : amarakt1 - Tatum Amaraksha
Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH
22 EDGE ROCK DR.
DRUMS PA 18222

Provider Title : Chiropractor
Provider Specialty :

Patient Account # : 766c3pi
Carrier : NATIONWIDE MUTUAL INSURANCE
COMPANY
PO BOX 26005
DAPHNE AL 36526

Dates Of Service : 11/17/2015 to 11/17/2015

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M62.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC . CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
877.444.8763

Printed On --

17-Dec-2015 6:32 pm

Claim Number --	268746-GC	Total Charges --	\$ 120.00	NW2280748- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.89	
Patient Name --	FEDORCHAK, JOSEPH	Dates Of Service --	11/17/2015 - 11/17/2015	

1	11/17/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.26	FS_PA
ICD Ref	3,4,5,6								
2	11/17/15	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	11/17/15	98943		Chiropractic manipltv tx extraspinal 1/> region	1	40.00	0.00	29.63	FS_PA
ICD Ref	7								
Total Lines :						120.00	0.00	103.89	

Reimbursement Amount :	103.89
Apportionment % :	
Subtotal :	103.89
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	103.89
Allocated PIP Payment :	103.89
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Claim Number --	268746-GC	Total Charges --	\$ 120.00	NW2280748- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 103.89	
Patient Name --	FEDORCHAK, JOSEPH	Dates Of Service --	11/17/2015 - 11/17/2015	

Modifier Code Summary

MODIFIER CODE

Description

59

Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
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Claim Number --	268746-GC	Total Charges --	\$ 120.00	NW2280748-EOBID -db
				Patient
Billing Provider --	WHOLE LIFE CENTER	Total Reimbursement --	\$ 103.89	
Service Provider --	CARMAN, BRIAN			
Patient Name --	FEDORCHAK, JOSEPH	Dates Of Service --	11/17/2015 - 11/17/2015	

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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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NW2249655-EOBID-db

EXPLANATION OF REVIEW

On Your Side®
Pennsylvania

Patient

Receive Date : 11/03/2015
Service Provider : CARMAN, BRIAN
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Claim Number : 283947-GC
Adjuster : pottec5 - Caroline Potter
Date Of Loss : 10/21/2015

Billing Provider : WHOLE LIFE CENTER
20-5008417
600 N HUNTER HWY
DRUMS PA 18222

Patient : FEDORCHAK, JOSEPH S
22 EDGE ROCK DR
DRUMS PA 18222

Provider Title : Chiropractor
Provider Specialty :

Patient Account # : 766C3PI
Carrier : NATIONWIDE PROPERTY & CASUALTY
INSURANCE COMPANY
PO BOX 26005
DAPHNE AL 36526

Dates Of Service : 10/27/2015 to 10/27/2015

ICD REF	ICD	POA	IND	DIAGNOSIS DESCRIPTION
1	M54.2		ICD-0	Cervicalgia
2	M52.40		ICD-0	Contracture of muscle uns site
3	M54.6		ICD-0	Pain in thoracic spine
4	M99.02		ICD-0	Seg somatic dysf thoracic region
5	M54.5		ICD-0	Low back pain
6	M99.04		ICD-0	Seg somatic dysf sacral region
7	M99.07		ICD-0	Seg somatic dysf upper extremity

LINE	DOS	PROC . CODE	MOD	DESCRIPTION	UNITS	CHARGE	*PEN REDUCTION	PROVIDER REIMBURSE	EXPLANATION
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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Printed On -

10-Nov-2015 10:04 am

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Claim Number --	283947-GC	Total Charges --	\$ 185.00	NW2249655- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 168.89	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	10/27/2015 - 10/27/2015	

1	10/27/15	98941		Chiropractic manipulative tx spinal 3-4 regions	1	50.00	0.00	44.26	FS_PA
ICD Ref	3,4,5,6								
2	10/27/15	97140	59	Manual therapy tqs 1/> regions each 15 minutes	1	30.00	0.00	30.00	
ICD Ref	1,2								
3	10/27/15	98943		Chiropractic maniply tx extraspinal 1/> region	1	40.00	0.00	29.63	FS_PA
ICD Ref	7								
4	10/27/15	99213	25	Office outpatient visit 15 minutes	1	65.00	0.00	65.00	
ICD Ref	1,2,3,4								
Total Lines :	4					185.00	0.00	168.89	

Reimbursement Amount :	168.89
Apportionment % :	
Subtotal :	168.89
Less Deductible :	0.00
Limited Benefits/Copay :	0.00
Collateral Source/Healthcare Carrier Payment :	0.00
Plus Interest :	0.00
EOR Check Amount :	168.89
Allocated PIP Payment :	168.89
Allocated MedPay/Medical Expense Payment :	0.00

EXPLANATION	EXPLANATION FOR THE REVIEW AMOUNT	REF DOC_ID	REF LINE NUMBER
FS_PA	Reimbursed according to the Pennsylvania fee schedule, as specified in PA Code 31-69.43.		

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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Printed On --

10-Nov-2015 10:04 am

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Page 2 of 4

Claim Number --	283947-GC	Total Charges --	\$ 185.00	NW2249655- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 168.89	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	10/27/2015 - 10/27/2015	

Modifier Code Summary

MODIFIER CODE

Description

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day

59 Distinct Procedural Service

Comments :No comments

If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

PO BOX 26005, DAPHNE, AL 36526
877.444.8763

Printed On --

10-Nov-2015 10:04 am

Claim Number --	283947-GC	Total Charges --	\$ 185.00	NW2249655- EOBID -db
Billing Provider --	WHOLE LIFE CENTER			Patient
Service Provider --	CARMAN, BRIAN	Total Reimbursement --	\$ 168.89	
Patient Name --	FEDORCHAK, JOSEPH S	Dates Of Service --	10/27/2015 - 10/27/2015	

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If you have any questions regarding payment, please contact your insurance carrier.

If you have question regarding this Explanation of Review, please contact our Customer Service Department at 877-444-8763.

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SOCIAL SECURITY ADMINISTRATION

Office of Disability Adjudication and Review
Social Security Administration
Stegmaier Bldg., Suite 201
7 N. Wilkes Barre Blvd.
Wilkes Barre, PA 18702
Tel: 1-866-895-1594/Fax: 570-821-4169

Date: July 19, 2016

Joseph Stanley Fedorchak
22 Edge Rock Drive
Drums, PA 18222

Notice of Decision – Unfavorable

I carefully reviewed the facts of your case and made the enclosed decision. Please read this notice and my decision.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255

Time Limit To File An Appeal

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not

Form HA-L76-OP2 (03-2010)

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Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline
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filing it on time.

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You may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. If the Appeals Council reviews your case on its own, it will send you a notice within 60 days of the date of this notice.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

Your Right To Representation In An Appeal

If you appeal, you may choose to have an attorney or other person help you. Many representatives do not charge a fee unless you win your appeal. Groups are available to help you find a representative or, if you qualify, to give you free legal services. Your local Social Security office has a list of groups that can help you in this process.

If you get someone to help you with your appeal, you or that person must let the Appeals Council know. If you hire someone, we must approve the fee before he or she is allowed to collect it.

SOCIAL SECURITY ADMINISTRATION
OFFICE OF DISABILITY ADJUDICATION AND REVIEW

TRANSCRIPT

In the case of

Claim for

Joseph Stanley Fedorchak

(Claimant)

211-62-7882

(Wage Earner) (Leave blank
in Title XVI Cases or if
name is same as above)

(Social Security Number)

Hearing Held

at

Wilkes Barre, Pennsylvania

(Room No., Building, Street Address, City, State)

on

April 20, 2016

(Month, Day, Year)

by

Richard Zack

(Administrative Law Judge)

APPEARANCES: Joseph Stanley Fedorchak, the Claimant
Carmine Abraham, Vocational Expert

Pages: 1 through 20

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Joseph Stanley Fedorchak, Claimant	211-62-7882

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(The following is a transcript in the hearing held before Richard Zack, Administrative Law Judge, Office of Disability Adjudication and Review, Social Security Administration, on April 20, 2016, at Wilkes Barre, Pennsylvania, in the case of Joseph Stanley Fedorchak, Social Security Number 211-62-7882. The Claimant appeared in person and was not represented. Also present was Carmine Abraham, Vocational Expert.)

(The hearing was held on April 20, 2016.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

ALJ: Mr. Fedorchak, we're here today for your Social Security Disability Hearing and I conduct these hearings in a somewhat informal fashion, no need to be nervous about today's hearing. All right? I want to give you a brief outline of what we'll do this morning. Today I'm going to take testimony from you and to do that I'm going to swear you in as a witness and I'm going to ask you questions about your ongoing medical problems. I want to find out where you are in terms of treatment, what medications you're currently taking. I want to find out if all the records that Social Security has in your file are up-to-date. Sometimes when I get these cases I find that they're missing records. Okay? And if anything is missing in terms of your medical records I'll have my staff request those on your behalf and add them to your file. Okay?

CLMT: Okay.

ALJ: You won't have to do anything in terms of getting those records to us. All right?

CLMT: Okay.

ALJ: Now when I do a disability hearing, I often take testimony from what we call a Vocational Expert, and seated next to you is Carmine Abraham.

VE: Hello.

CLMT: Hi.

ALJ: She is the Vocational Expert and I'll be asking her some questions. Janice (PHONETIC) is our Hearing Reporter, you see all the computer screens, the monitors. Social Security has gone completely electronic. So any paperwork you may have filled out regarding your claim for disability has been scanned into the Social Security electronic file. Okay? And today we gave you a new disk?

CLMT: Yes.

ALJ: Yeah. Did you have a chance to put it in the computer out there?

CLMT: I didn't use it. I didn't have a chance on it, but I have a general inkling. I made up everything, what I'm going to discuss in the hearing.

ALJ: Okay, all right. What I'll do, if you have no objection, I'll make all the documents that are currently on that disk and in your electronic file officially a part of the record. Is that okay with you?

CLMT: Sure, sure.

ALJ: Yeah, let me then admit those into the record, which would include and encompass Exhibits 1A through 5F into the record.

(Exhibits 1A through 5F, previously identified, were received into evidence and made a part of the record thereof.)

ALJ: As I've said, if I find out that there is something missing in terms of medical records, I'll update the file for you. Okay?

CLMT: I do have a little bit, some medical records, recent tests and that, just lab tests and that at the VA.

ALJ: Well, we'll get the update. We'll get the whole set of records. Okay?

CLMT: Okay.

ALJ: Yeah, yeah. Now, one last point of order. A lot of Claimants come to their disability hearing, just as you are, by themselves. But sometimes the Claimant brings an Attorney with them or a non-Attorney representative. So when I send out all the paperwork for my hearings, I always include an explanation of the right to representation. And that material also contains like a list of organizations who could refer Claimants to various possible sources of representation. And you got all those papers?

CLMT: I did have some of them. I have some of that, I could have right to representation. I do have that, so yes.

ALJ: And do you understand that? Do you feel comfortable doing today's hearing by yourself?

CLMT: Yes, absolutely.

ALJ: Okay.

CLMT: Yes, I do, Judge.

ALJ: Okay. Now what I'm going to do is to take your testimony, I do have to swear you in as a witness and I have to swear in our Vocational Expert.

(The Claimant, JOSEPH STANLEY FEDORCHAK, having been first duly sworn, testified as follows:)

EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

Q Now since you filed your claim for disability have you gone back to work at all?

A The only I tried one week, last year and it was more

orientation. So for a week, that was it. The beginning of the year, first week of January.

Q Okay. How you making ends meet financially? Do you have any sort of income?

A I have, I'm 80 percent disabled by the VA right now.

Q Okay. What does that amount to in terms of a monthly benefit?

A \$1,654.71 in change.

Q Okay. Is most of your, is your medical care all through the VA now?

A Yes, absolutely.

Q Okay. All right. Now when I looked at your file from Social Security, Social Security did update your file in terms of medical records through mid-November of last year. Okay? Have you been back to the VA for treatment since last November?

A Yes, I have.

Q Okay. How frequently do you go there?

A It varies, but depending on my, between my diabetes, I have basically a person for high blood pressure, which he's also with kidneys. And I had, recently I just had an ultrasound of the kidneys and the bladder and they found out that I had attendant bladder, that there might be something wrong with the bladder. I had an accident last year, but I had problems with, possible with bladder for a while that I didn't know.

Q All right.

ALJ: All right, Janice let's make a note. I'll request the updated records from the VA.

Q And it's the one here in Wilkes Barre?

A Yes, it is.

Q Yeah. Since, I guess November 16th was the last. You had some lab studies done in November of last year. That's the last I see in the record. So we'll get the update since November of last year. Now, when I looked at the VA records that were in your file, you were on some medications, but you also were kind of self-treating with a lot of herbal medications and spiritual healing that you were using.

A Yes, I do a little spiritual healing. I'm going through basically with the Father, a little bit, spiritual healing of people that die. I do, I did go to an exorcist priest and all that end of it, on the Catholic Church end of it. As far as the herbal kind of supplements my medication because the one wasn't working. They were trying to find the actual, as far as high blood pressure, to get me on something that works because I pretty much out of the ten that I, ten different classes, I had problems with all of them. The one class that I'm on right now, I ended up reducing down some on the two pills that I'm on and it helps somewhat, but still my pressures are way up.

Q How high are they?

A The last time, I just had a wisdom tooth pulled out, in I guess it was about a week ago. And the VA would not pull the wisdom tooth because I wasn't 100 percent. But they did emergency to check it. My pressure was 225 over 115 then. My pressure's been as high as 235 and over 120. I've then check that. Another dental office that was going to do the tooth, she refused because they didn't have basically the setup, that it was that high. Like I said, the VA

actually refused to do it because they didn't have the facility to go over 110. They said I had to get it lower than that 110. I did get it pulled at Delta Dental, but they didn't check the pressure. At that time it dropped a little bit. I did a natural thing and it's called Parasitic Cleanse, and it dropped the pressure a little bit, but it was still running around 200 over 98. That was with my blood pressure checker at home, an automatic one. Right now, the last time I went to the VA and they ordered, they ordered basically that bladder test and the other tests to see what was going on, as far as the bladder test and the kidney test because they thought it was an underlying problem with all this. And it probably, there is probably a very good possibility that I have a bladder problem there by what the test is showing. When they ordered that test, it came up normal on the kidneys, but Dr. Malik (PHONETIC) still thinks there's a kidneys problem, as far as Dr. Malik. Now I'm being referred to a regular kidney specialist. I have an appointment on the 28th with that part of it. So what they're going to do, I guess with how the bladder test came up, because there's a problem with the bladder showing, definitely. They called it attendant. I do have possibly a little bit enlarged prostate. I'm not positive. I might have a problem with the bladder wall because of that accident that I had. I could have had a problem prior to that with the bladder because I had weakness in that area. When I was in the service doing push-ups and sit-ups while in the service, I could, I always had problems with the push-ups, or with the sit-ups, not the push-ups or to running. So that whole area, I might have a problem with that area. Also down

below in the, right near your, I guess you would call it your privates, I have a popping sometimes sensation there. Even way back in my 20's. As far as pre-diabetes, I date back probably to about 25 or 26 as pre-diabetes. When I went through the VA for, to get my disability with the VA. With the VA I'm getting disability from the high blood, the diabetes, from I'm also getting disability from erectile dysfunction, possible kidney or prostate enlargement and stuff like that. Also with the cholesterol and triglycerides and that end of it. And I also have my eyes, both eyes have bleeding in the eyes.

Q You've had some laser procedures done?

A Yes, I also had laser surgery on the right eye and they're still keeping a watch on that. Like I said, with the kidneys it's up in the air. I'm around plus 3 as far as protein. I was plus 3 with the glucose in the blood, or not, the glucose in general on the system. Some of, I do have an actual some things here with VA readings from the last time if you want them.

Q Well, we'll get those when we get them with the updates. They'll be in there.

A There's my CO2 levels as far as going uphill and stuff like that, sometimes with exertion, going up a slight hill, taking maybe a little bit of wood in two buckets, or whatever, I would get, two years ago I would get basically winded. I went on a vacation, because I have a timeshare and I was down in Texas and went down into this cave, which the air, the air quality was pretty good. But even in a cave, walking up the slight inclines I was getting slight breathing

problems. When I came out of the place there was maybe an incline approximately like that and I had breathing problems going up that way. So I do also have the breathing problem thing. They didn't give me the disability on that because I didn't tell the regular doctor about it. I also have edema with basically pressures and building of the fluids. They put me on a high blood pressure medication and it was raising up. They put me through basically a specialized team at the VA where they have a Doctor of Pharmacy program. And when they doubled up my medication on some that I had, it just got worse. I'm on Metoprolol right now and Cozaar. That's the two that I'm only on right now. When they tried the high blood pressure medication with the water pill, it got worse. My pressures went up with that. So I tried on myself because I was kind of rejecting, I'm rejecting a lot of the drugs on that maybe because of something with the bladder or whatever. I was rejecting a lot of drugs. When I tried going half on the pill, it was a little bit better but my numbers right there were, that's where I was at, which was a little bit better. Sometimes they were like, prior to the tooth bothering me, maybe 160 over 90 something. That was the best it's been over this last year. One time it dropped down a little bit, but like I said that wisdom tooth might have been causing some of the problems too. But in general, my health, it kind of, the last time they gave me emergency pill when I was upstairs at the dental office and they told me to go downstairs to my regular doctor. The regular doctor checked me with a manual cuff, and it was 140 something over 80 something. He checked me again, it was 150 something over 80 something. She wasn't comfortable with

that. She put me on the emergency pill that the VA gives you to bring it down. It went up to 160 something over 90, or approximately around there. It was 160, 165 within right there.

Q How do these problems effect your daily life? Take me through a fairly typical day for you. What time do you, first of all what are you living -- do you live alone?

A I live alone, basically, yes.

Q Yeah. What time do you normally get up and how do you occupy your time during the day?

A I mean it varies. It varies. With the spiritual healing thing, you know, I'm going through. Sometimes I get up in the day, sometimes night. It varies at different times of the day. As far as when I get up, basically with the computer more I'm on. I do have a wood burner and that's kind of where I notice that the problem with the bladder from last year. It was basically in September, I had an accident with my mother's car. I noticed a little bit of sensation, minor in that. I live up in Beech Mountain Lakes in Drums, PA. Well they cut down the tree that was close to the road there. I was going to cut it, but they didn't feel it was safe. So they had somebody cut it and they paid for it. So they cut it down and I had to get the wood basically off up on top of the road. And I have, my property's down below. And I took it careful and all that. I had my belt tight. The wood was somewhat heavy, but it was cut into manageable pieces to move. It basically, I knew there was something wrong because when I moved it, it was bothering me. So I took my time with that. Even in small pieces, I had to basically clinch my, as I picked the wood up it

was okay, but I clinched it myself, basically to myself so it's not bothering me when I was moving the wood. So as far as doing everyday activities, say if I got a load of wood five years ago, it might take me two hours to get it, get it in and out. The same load of wood now, takes me five hours, six hours to do. Maybe I'll leave it in the truck, half a load or something like that. So my life as far as doing things and getting things done has drastically changed basically. Everyday things, what normally would take me maybe a week, might take me a month, two months to get done.

Q Now the wood burner, is it just a wood stove or is it for whole heating, whole house heating?

A It's a wood stove down in the basement, that I have a, basically electric heat with the heat pump for, and outside. It's a newer house, ten years old. So I use that as supplemental heat. When I'm splitting wood, just general splitting wood, my arms kind of bother me if I split too much. Pains in the side and stuff like that. Pains in the stomach. As far as the place I have worked that material on before I applied, I was hired there and I was basically at 20 percent disability with the Service. I told them basically that the medication affects me some, and the guy, I got the job basically over the guy's brother that was training me on first. He was pretty much as soon as I started he said right out in front of everybody, he said, why do they always hire cripples? That was a bad no, no. When things got slow, basically it was from me and this other guy. The one guy was a master welder, but he was a, he was a contractor there. But he was the last of contractors. He started getting rid of people because

they just closed up two plants. In December, I was at my six month mark. The next month, the person kind of said, well, if you didn't hear something. We were basically covers and all that. There was discrimination going on also. I basically informed them about what happened with that guy at the end because I was in fear of losing my job. But I did give that information to my lead on second shift. So he knew about it. He never told anybody about it, so they said, why didn't you tell us? I said, well I relayed the message to him. I figured he relayed the message to you. But he never did. So I ended up winning that case and I got \$3,000 out of the case. They basically told me I was too slow to do the job. I got that same message prior from Indalex Aluminum in 2008. Basically I was electrician there, but we also did mechanical work. When I was there, he wrote me up on some mechanical things. He said I was too slow to do the job and stuff like that.

Q Let's get back to your daily activities. How else do you spend your time? Yeah, so you split some wood to supplement your heat but I mean day in and day out?

A A lot with the computer, you know. When I, when I feel good enough to clean, I'll clean and stuff like that, clean the house as much as I could. Basically, maybe I'll go out with my mother and stuff like that. But it's limited to what I can do. Years ago, 2010 I had some, I guess you would call them things that were effecting, because of diabetes that were so, that was so high it was effecting my intestines and stuff like that. I kind of do the peppermint pill basically every, twice a day to help with that. The stomach problems

kind of went away as far as that, but I still get, I was getting pains in my sides and that might be a problem. Or I was told that it could be kidney problems by the diabetes specialist at the VA. He also said the stomach problems and that could be related to that. I also found that I was maybe partial Celiac Disease that I have because of all of that. So when I eat non-gluten food, it bothers me and also dairy bothers me. I have a little bit going on with that also.

Q What about socially? Other than going out with your mom every now and then, do you have friends you see?

A In a lot of what, prior to Service, a little bit. Just a little bit, not too much, no.

Q Do you have any hobbies that you do outdoors?

A I like working on my vehicle and that, you know, and doing stuff like that. I'm limited to what I can do as far as hobbies. I ended up buying a tractor. I was going to do a little bit of planting out there and the land really isn't suitable to do that planting. Hobbies basically around the house little repairs that I could do, I do, you know, on my own depending on how I feel, you know, as far as health-wise and stuff like that.

Q Do you do anything in the framework of physical exercise?

A Yes, I try, I do that just to keep up. I do like an outbound, basically, it's on an lounge chair. And I do that and once in a while I do this Tony Little thing where it's more like a skier. That's the two exercises I do because of my blood sugar, to keep that somewhat in control. But it's kind of out of control. As far as blood sugar, it's, that's also out of control.

Q All right. What I'm going to do is after today's hearing, I'm going to have my staff get those updates. Okay? The VA is generally pretty good, but sometimes it does take up to two or three weeks until we get them in your file. Okay?

A Okay.

ALJ: What I'm going to do now is ask our Vocational Expert some questions. Okay?

CLMT: Okay.

(The Vocational Expert, CARMINE ABRAHAM, having been first duly sworn, testified as follows:)

EXAMINATION OF VOCATIONAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q Ms. Abraham?

A Yes, sir.

Q Could you give Mr. Fedorchak some idea of what it is your background in terms of a Vocational Expert?

A Yes, Your Honor. My background is in the area of rehabilitation counseling. And what I do is I work with people basically that have some type of disability or injury. It could be mental, physical or a combination of both. And I go out into the labor market and I work with employers. And the people that I work with have, like I said, have limitations. So I help them to try to find jobs that they are able to do based upon what their limitations are and also what their background is, like their education, vocational. So I try to help people to find jobs based upon what they can and cannot do.

ALJ: Do you have any objection to Ms. Abraham?

CLMT: I can tell you what my field is in. I am, I have a degree

in Automated Systems Robotics. And I have a degree in Electrical Engineering Technology from LCC. And I have, I need like maybe eight more courses to get an Electrical Construction degree. So my field is basically more of the industrial electrician/maintenance technician background as far as, that's what I did for the past, since '92. I graduated or I got out of the service, '89, '88, the end of '88, '89, end of '88. Went to school '89 to the '91, part-time. Graduated '92 and I got hired in '92. And I was in manufacturing from that time on.

ALJ: Okay.

Q All right. Ms. Abraham?

A Yes, Your Honor?

Q In terms of our Claimant's overall vocational profile, from your perspective, how would you describe that?

A Yes, Your Honor. Well first, this is a younger individual who's 49 years of age and he does have a high school education and above, as he indicated with the degrees, he's obtained in the field of engineering and electrical work. In the last 15 years, the work activity that was indicated in the file is that of electrician maintenance. And the DOT defines this type of work activity as heavy skilled with an, I mean medium skilled with an SVP: 8, Your Honor.

Q I'm going to ask you some hypothetical questions, and as you can tell we are missing the updated medical records from the VA. But I want you to assume that we would have an overall hypothetical Claimant with the same vocational profile and same medical history that was outlined by our Claimant. And I want you to assume that this hypothetical Claimant for the first hypothetical would be limited to

what I would classify as light work. And that would mean lifting and carrying no more than 20 pounds occasionally, ten pounds frequently, with normal breaks and lunch periods throughout the workday. He could either sit, stand or walk for six out of eight hours in each of those categories. Now I do want to put some restrictions on the work environment. The Claimant can't work in a job that requires him to climb ladders or scaffolds, a job that would require him to do considerable climbing up inclines as part of his job duties, being around what would be considered dangerous, unprotected heights, dangerous, unprotected machinery or being exposed to excessive vibrations. Likewise, he can't work in a harsh environment where he's exposed to extremes of temperature, humidity, heavy concentrations of dust, fumes and gases. I want you to assume that the hypothetical Claimant would be able to have interaction with coworkers, supervisors and the public, especially if only occasional contact with others is needed in the job setting itself. Now for this first hypothetical question, the Claimant does have the ability to reach, primarily in front of him, laterally side-to-side, he can use his hands to handle, finger and feel objects as part of his job duties. With that overall residual functional capacity, would he be able to do his past work and if not, would there be any of his past skills that he could transfer to that light duty residual functional capacity?

A Based on this hypothetical, Your Honor, there would not be any past work that would apply because of the exertional level. There, in this situation, because of the type of work he did, there's no transferrable skills to jobs in a light category, Your Honor.

Q Okay. Would there be other occupations that might be appropriate?

A Well based on this hypothetical situation, there are jobs that would exist in the economy that an individual would be able to perform. Some representative examples of these types of positions could include a person working for instance as an order filler, which is a light semi-skilled position, the SVP: 3. The numbers of jobs that would exist in the State of Pennsylvania are approximately 10,000. Numbers of jobs that exist in the national economy are approximately 350,000. DOT number for this type of work, one moment, 222.487-014. A second representative example is a person working as a hand assembler, which is a light semi-skilled with an SVP: 3. Numbers in the State of Pennsylvania are approximately 20,000. Numbers in the national economy are approximately 400,000. A DOT number is 721.684-022. One moment, Your Honor. A third representative example could be a person working as a finisher, which is a light, unskilled position with an SVP: 2. Numbers in the State of Pennsylvania are approximately 15,000. National, approximately 200,000 and the DOT number 781.687-070.

Q What if I were to change the way I described this hypothetical individual's overall ability to function, his residual functional capacity, and what if this individual would have similar limitations to those outlined by Mr. Fedorchak today. And he described to me the difficulties he suffers secondary to his diabetes, with the complications in terms of the kidney, the bladder. He described to me the difficulty with regard to the hypertension, the high blood

pressure, the inability to control the blood pressure even with prescribed medications in various classes of those prescribed medications. He described to me how that impacts his ability in terms of doing things from an exertional or physical standpoint. He described to me how he becomes fatigued and winded when he's doing any type of sustained physical activity. And if I could find that testimony and the description of those limitations to be consistent with the evidence in the file, not only what's currently in the file, but we're going to get all the updated records after today's hearing, and I apply that to the hypothetical individual, would there be any jobs for him based on that new residual functional capacity?

A I don't believe so Your Honor, no.

Q Your testimony this morning, is it consistent with the *Dictionary of Occupational Titles* and its companion publications?

A Yes, sir.

ALJ: Okay. I want to see if Mr. Fedorchak has anything he would like to ask you.

CLMT: There was one thing, Your Honor --

ALJ: Yeah.

CLMT: -- with actually that Materion (PHONETIC) basically did, most places require, because I was there and we had to wear masks. So they -- I got the mask and all that prior and they cleared me prior, but I basically had a hard time passing the test with, breathing tests, basically. And I problems with passing the breathing tests even years ago before I even had the diabetes. Not that I smoked or anything, but my grandfather smoked in the house and maybe being

around secondary-hand smoke. But when I was at the place, the guy that was there had asthma. And they basically went through a test and they said they wanted you to cover your nose. When they made me cover my nose and do the test, I couldn't do it. I flunked it miserably. Without covering the nose, I was able to blow enough to just barely pass the test. I scored worse than the person with asthma, but I still passed. So that's just another area where most places in industrial field require you to wear a mask occasionally, especially in a place like that that it had beryllium. So wherever we went, if we were only four inches above and we had to put a ladder anywhere, we had to put that mask on basically.

ALJ: Okay, all right. What we'll do then is we'll wrap up today's hearing. I want to thank you for coming and participating and I want to wish you the best of luck with your health in the future.

CLMT: Thank you.

ALJ: I do ask you to be patient just for a couple of weeks longer until I get those medical records into your file.

CLMT: Okay.

ALJ: All right?

CLMT: Okay. I do know, Your Honor, if I don't release the, I guess they will release them, but the VA requires the veteran to give that medical records, I know that. I'm not sure if you could get them or not, but --

ALJ: Well, we generally get them, because you did sign the general waiver to get records when you filed your claim.

CLMT: Yes, I did.

ALJ: Yeah. So if we have a problem and they need a separate form signed, we'll send it to you. Okay?

CLMT: Okay. I do have, if you want these right now, these are records from as far as the last labs they did because she was basically wanting, the diabetes specialist was concerned that, especially with that tooth and all, so she did basically the lab work without a fasting, but it pretty much was similar to everything else, but I do have that if you need it.

ALJ: Okay. Those will be in the records. Okay?

CLMT: Okay.

ALJ: And you know as I said, they generally, when we get the records, they're much more voluminous than what they give the patients.

CLMT: Right.

ALJ: Okay? So we get the complete set. Okay?

CLMT: Okay.

ALJ: All right, so we'll close the hearing and again good luck

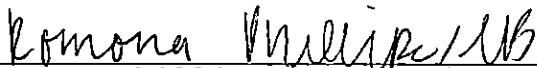
to you in the future.


CLMT: Okay, thank you Your Honor.

(The hearing closed on April 20, 2016.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing held in the case of Joseph Stanley Fedorchak, before Administrative Law Judge Richard Zack.


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